



**Complete for ATS and AGSC applicants ONLY:**

<b>Do you observe the following attitudes within the applicant?</b>	Definitely No	Yes			Unable to Judge
		Minor	Moderate	Significant	
Anxious/Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual Need for Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry/Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushy/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy/Seclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hasty/Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Sensitive to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For ALL applicants:**

**If there is any additional information you think will assist us in the evaluation process, please provide such information below.**

**Your evaluation of this candidate for admission:**

Some talented individuals have mediocre scholastic records. Is the applicant's scholastic record, as you know it, an accurate index of her/his scholastic ability?

Yes  No  Do Not Know

For Academic Promise:

Not Recommended  Recommended without Enthusiasm  Strongly Recommended  Enthusiastically Recommended

For Character and Personal Promise:

Not Recommended  Recommended without Enthusiasm  Strongly Recommended  Enthusiastically Recommended

Overall Recommendation:

Not Recommended  Recommended without Enthusiasm  Strongly Recommended  Enthusiastically Recommended

Mr. \_\_\_\_\_  
 Mrs. FULL NAME  
 Miss \_\_\_\_\_  
 Ms. POSITION ORGANIZATION/CHURCH  
 Dr. \_\_\_\_\_  
 Rev. STREET ADDRESS, CITY, ST, ZIP  
 HOME PHONE CELL PHONE E-MAIL ADDRESS

Nyack/ATS Alumnus?  Yes  No

Would you like to receive information about Nyack? If yes, please check which programs:

Undergrad  Degree Completion  MA Counseling  MS Organizational Leadership  MS Education  
 MSW  MA AJCO  Seminary  DMin

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** Admissions  
 1 South Blvd.  
 Nyack, NY 10960

**Fax to:** 845-358-3047

**Scan and email to:** admissions@nyack.edu